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Application or Docket Number

	TAICH	Effe	ctive Octo	ber 1, 20	711 <b>NA</b> 1 001	ION RECO	RD		10	100	15-0	-95
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY			R THIAN
TOTAL CLAIMS							Ì	TYPE RATE		OR		ENTITY
FOR			NUMBER FILED NUI			BER EXTRA		BASIC FI		_ _	RATE	FEE
TOTAL CHARGEABLE CLAIMS			. minus 20= *				ŀ	<del></del>		OR	BASIC FEE	740.00
IN	DEPENDENT (	CLAIMS		ninus 3 =	*		ļ	X\$ 9=	<u> </u>	OR	X\$18=	<u></u>
М	JLTIPLE DEPE	NDENT CLAIM I	_1				-	X42=		OR	X84=	
* 1	the difference	o in only my d i		······································	<del></del>		ı	+140=	-	OR	+280=	
* If the difference in column 1 is less than zero, enter "0						column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	
⋖		(Column 1) CLAIMS REMAINING		(Colun	EST	(Column 3)	·	SMALL	ENTITY	OR	SMALL	
<b>AMENDMENT A</b>		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	38	Minus	114/5		=		X\$ 9=		QR	X\$18=	1
¥	Independent	ENTATION OF M	Minus	±** 5		=		X42=		OR	X84= /	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						上	+140 <b>≤</b>	/	1		<u> </u>	
							L	TOTAL	<del> </del>	OR	Z80=	
	<u>.                                    </u>	(Column 1)		(Colum	n 2)	(Column 3)		DIT. FEE		Joff,	ADDIT. FEE	
מ		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	1 r		ADDI-
MENDMENT B		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE .	TIONAL FEE
END	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>
A	Independent	* NTATION OF MI	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		1	+280=	
							Ļ	TOTAL		OR	TOTAL	
	·	(Column 1)		(Colum	n 2\	(Column 3)	AD	DIT. FEE		OR A	DDIT. FEE	
		CLAIMS REMAINING	SEE SEE	HIGHE	ST				ADDI	i r		155
AMERICA I		AFTER AMENDMENT		NUMBI PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	[;	<b>(\$</b> `9=		OR	X\$18=	
	Independent	*	Minus	***		=-	<b>\</b>	X42=		-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								. 764		OR	X84=	
if	the entry in colur	mn 1 is less than th	e entry in colu	mn 2, write "	of in coli	ımn 3	L	140=	·	OR	+280=	· [
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OR TOTAL ADDIT. FEE												
Ţ	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											